

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6378</u>	2. Fiscal Year Covered From: <u>01 / 01 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>Robert</u> <u>Puniak</u> P.O. Box, Bldg., Room No., if any _____ Street <u>4032 Dickey Road</u> City <u>Gibsonia</u> State <u>PA</u> ZIP Code - 4 <u>15044</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 249</u> Labor Organization File Number <u>628815</u> P.O. Box, Building and Room Number, if any <u>P. O. Box 40128</u> Street <u>4701 Butler Street</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code - 4 <u>15201-0128</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code - 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert Puniak

On

Date

724 444-0747 Home
412 682-3700 Ext 28

Telephone Number

Name of Person Filing	Robert Puniak	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>TRANSISTERS LOCAL UNION # 249</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>PO. Box 40128</u></p> <p>Street <u>4701 BUTLER STREET</u></p> <p>City <u>PITTSBURGH</u></p> <p>State <u>PA</u> ZIP Code - 4 <u>15201-0128</u></p>	<p>9. Business deals with:</p> <p>___ a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>___ c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>RICHARD S. LAMMAR</u></p> <p>Trade Name, if any: <u>PNC ADVISORS</u></p> <p>P.O. Box, Bldg., Room No., if any <u>TWO PNC PLAZA</u></p> <p>Street <u>620 LIBERTY AVE</u></p> <p>City <u>PITTSBURGH</u></p> <p>State <u>PA</u> ZIP Code - 4 <u>15222</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>FUND ADVISORS</u></p> <p>11.b. Approximate dollar value of such dealing. <u>4,879,422.44</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>LUNCH EXPENSE FOR GOLF OUTINGS</u></p> <p>12.b. Amount. <u>34.50</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code - 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing

Robert Puniak

File Number U-

3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TEAMSTERS LOCAL UNION # 249

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any P.O. Box 40128Street 4701 BUTLER STREETCity PITTSBURGHState PA ZIP Code - 4 15261-0128

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name RICHARD S. LABIMARTrade Name, if any: PNC ADVISORSP.O. Box, Bldg., Room No., if any TWO PNC PLAZAStreet 620 LIBERTY AVECity PITTSBURGHState PA ZIP Code - 4 15222

11.a. Nature of such dealing.

FUND ADVISORS

11.b. Approximate dollar value of such dealing.

4,879,422.44

12.a. Nature of interest held or income received.

EXPENSES FOR GOLF

12.b. Amount.

297.34

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code - 4 _____

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TEAMSTERS LOCAL UNION # 249

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any PO BOX 50128Street 4701 BOTLER STREETCity PITTSBURGHState PA ZIP Code - 4 15201-0128

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name RICHARD S LARIMERTrade Name, if any: PNC ADVISORSP.O. Box, Bldg., Room No., if any TWO PNC PLAZAStreet 620 LIBERTY AVECity PITTSBURGHState PA ZIP Code - 4 15222

11.a. Nature of such dealing.

FUND ADVISORS

11.b. Approximate dollar value of such dealing.

4,879,422.44

12.a. Nature of interest held or income received.

DIVIDEND EXPENSE FOR GOLF OUTING

12.b. Amount.

86.34

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.